



Shoshone-Bannock Junior/Senior High School



SPORT PHYSICALS

**ARE DUE BEFORE YOUR 1ST DAY OF PRACTICE in any of
the following programs:**

*Football, Boys Basketball, Girls Basketball, Cheerleading, Track & Field,
Cross Country or Volleyball.*

Basically, if you didn't have a physical last year, **then you will need to have one this year** and **on file with SB School, BEFORE YOUR 1ST PRACTICE, IN ANY SPORT.** If you had a physical already, then just bring a copy into the School.

Additionally, this year uniforms (property) will be distributed by the Athletic director or designee and if any uniform (property) is damaged, stolen or destroyed, through your negligence or carelessness YOUR PARENT/GUARDIAN will be held financially liable.

School uniforms (property) RECEIPT FOR PROPERTY forms will be required when uniforms are distributed, in any sport.

THE SCHOOL UNIFORMS (PROPERTY) IS FOR OFFICIAL/AUTHORIZED SCHOOL USE ONLY.

INTERIM QUESTIONNAIRE



PLEASE PRINT!!

_____ Male/Female
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	Year in School
(1) Had surgery	_____	_____	
(2) Been hospitalized	_____	_____	
(3) Been under a physician's care	_____	_____	
(4) Had a serious illness	_____	_____	
(5) Had an injury requiring a physician's care	_____	_____	
(6) Been rendered unconscious	_____	_____	
(7) Started taking any new medications	_____	_____	
(8) Developed any new drug allergies	_____	_____	
(9) Developed any health problems	_____	_____	

(Please explain all **yes** answers)

My child **should** or **should not** have a physical examination prior to participation in high school athletics.

School health insurance needed: Yes No

If yes, a premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district.

If no, is your child covered by a family health insurance policy? Yes No

 Signature of Parent or Guardian

 Address

 City

 Zip Code

CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school or attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT _____ DATE _____

NOTE: The original copy is to be returned to the school

**IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
IDAHO HEALTH EXAMINATION AND CONSENT FORM**

It is required that all students complete a History and Physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the principal prior to the first practice.

Name _____ Home Address _____ Phone _____
 Grade _____ Sports _____
 Personal Physician _____ Physician's phone number _____
 Date of Birth _____ Sex _____ School _____

HISTORY FORM

*Fill in details of "YES" answers in space below:

- | | YES | NO | | YES | NO |
|--|-------|-------|---|-------|-------|
| 1. A. Have you ever been hospitalized? | _____ | _____ | 5. Do you have any skin problems?
(itching, rash, acne) | _____ | _____ |
| B. Have you ever had surgery? | _____ | _____ | 6. A. Have you ever had a head injury? | _____ | _____ |
| 2. Are you presently taking any medication or pills? | _____ | _____ | B. Have you ever been knocked out or unconscious? | _____ | _____ |
| 3. Do you have any allergies
(medicine, bees, other stinging insects)? | _____ | _____ | C. Have you ever had a seizure? | _____ | _____ |
| 4. A. Have you ever passed out during or after exercise? | _____ | _____ | D. Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ |
| B. Have you ever been dizzy during or after exercise? | _____ | _____ | 7. A. Have you ever had heat cramps? | _____ | _____ |
| C. Have you ever had chest pain during or after exercise? | _____ | _____ | B. Have you ever been dizzy or passed out in the heat? | _____ | _____ |
| D. Do you tire more quickly than your friends during exercise? | _____ | _____ | 8. Do you have trouble breathing or cough during or after exercise? | _____ | _____ |
| E. Have you ever had high blood pressure? | _____ | _____ | 9. Do you use special equipment, pads, braces, mouth or eyeguards? | _____ | _____ |
| F. Have you ever been told you have a heart murmur? | _____ | _____ | 10. A. Have you had problems with your eyes or vision? | _____ | _____ |
| G. Have you ever had racing of your heart or skipped beats? | _____ | _____ | B. Do you wear glasses, contacts or protective eyewear? | _____ | _____ |
| H. Has anyone in your family died of heart problems or a sudden death before age 50? | _____ | _____ | | | |

11. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?

_____ Head	_____ Neck	_____ Chest	_____ Back	_____ Hip
_____ Shoulder	_____ Elbow	_____ Forearm	_____ Wrist	_____ Hand
_____ Thigh	_____ Knee	_____ Shin/Calf	_____ Ankle	_____ Foot

12. Have you ever had any other medical problems such as:

_____ Mononucleosis	_____ Diabetes	_____ Asthma	_____ Hepatitis	_____ Headaches (frequent)
_____ Tuberculosis	_____ Eye injuries	_____ Stomach ulcer	_____ Other	

13. Have you had a medical problem or injury since last exam? _____

14. When was your last tetanus shot? _____

When was your last measles immunization? _____

15. When was your first menstrual period? _____ When was your last menstrual period? _____

What was the longest time between periods last year? _____

*Explain "YES" answers here: _____

CONSENT FORM

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

PHYSICAL EXAMINATION FORM

Height _____ Weight _____ BP _____ / _____ T _____ Pulse _____ R _____
 Visual acuity R 20 / _____ L 20 / _____ Corrected: Y N Pupils _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

CLEARANCE / RECOMMENDATIONS

Clearance: _____

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation / rehabilitation for: _____
- C. NOT cleared to participate in the following IHSAA sponsored sports:
- | | | | | |
|------------|---------------|--------|----------|-------|
| Baseball | Cross Country | Golf | Softball | Track |
| Wrestling | | | | |
| Basketball | Football | Soccer | Tennis | |
| Volleyball | | | | |
- Not cleared for other school-sponsored activities:
 (Example) 1. Swimming 2. _____ 3. _____
- D. Student is NOT permitted to participate in high school athletics. Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____
 (This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: () _____